



Application for Access to Records

Monroe County Access Officer • 39 West Main Street • Room 204 • Rochester, NY 14614
(585) 428-2380 • Fax (585) 428-3268 • www.monroecounty.gov

I hereby apply to ☐ inspect ☐ obtain a copy of the following records:*

please be specific

please print name

representing (if applicable)

mailing address

mailing address/zip code

signature

date

telephone

☐ Approved ☐ Denied For the reasons checked below:

For Agency Use Only

☐ Confidential Disclosure

☐ Part of investigatory files

☐ Unwarranted invasion of personal privacy

☐ Other _____

☐ Record is not maintained by this agency

☐ Record for which this agency is legal custodian cannot be found

☐ Exempted by statute other than Freedom of Information Act

James P. Smith, Records Access Officer

Date

*There is no charge for the inspection of documents; however, if duplication is requested by you, a charge of 25¢ per page is payable to Monroe County.

Notice: You have a right to appeal denial of this application.

I hereby request an appeal _____

signature

date